

## FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS

## 1. Person Making the Disbursements/Obligations

(a) Name

AMERICAN CHEMISTRY COUNCIL INC

(b) Address (number and street) ☐ check if different than previously reported  
700 2ND STREET NE

(c) City, State and ZIP Code

WASHINGTON

DC

20002

(d) Name of Employer or Principal Place of Business

(e) Occupation

## 2. FEC Identification Number

C C30002430

## 3. Is This Statement



New

or



Amended

## 4. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2016

through

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2016

## 5. (a) Date of Public Distribution(s)

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2016

(b) Communication Title Working for You

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

## 7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐No ☐

## 8. Custodian of Records

(a) Name

Perelman, Dell, , ,

(b) Address (number and street)

700 2nd Street NE

(c) City, State and ZIP Code

Washington

DC

20002

(d) Name of Employer or Principal Place of Business

American Chemistry Council

(e) Occupation

General Counsel &amp; Corporate Secretary

## 9. Total Donations This Statement

, , , .00

## 10. Total Disbursements/Obligations This Statement

, , , 101500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Starmann, Allison, , ,

SIGNATURE

Starmann, Allison, , ,

[Electronically Filed]

DATE

10/07/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

PAGE 2 OF 3

**11. Person(s) Sharing/Exercising Control****A.** (a) Name Transaction ID : F91.000001

Dooley, Cal, , ,

(b) Address (number and street) 700 2nd Street NE

(c) City, State and ZIP Code

Washington

DC 20002

(d) Name of Employer or Principal Place of Business

American Chemistry Council

(e) Occupation

President/CEO

**B.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**C.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**D.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**E.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**SCHEDULE 9-B**

PAGE 3 OF 3

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Revolution Media Group</b> <hr/> Mailing Address of Payee 1020 Princess Street <hr/> City State Zip Code Alexandria VA 22314 <hr/> Name of Employer Occupation  <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Broadcast and Cable Television Ad Buy: Working for You				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y  10 / 06 / 2016 </div> Amount <div style="border: 1px solid black; padding: 2px;"> 101500.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y  10 / 06 / 2016 </div>	
<b>Transaction ID : F93.000001</b> <hr/> Name of Federal Candidate Office Sought: <input checked="" type="checkbox"/> House State: LA Scalise, Steve, , , <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
<b>Transaction ID : F94.000002</b> Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <hr/> Mailing Address of Payee <hr/> City State Zip Code <hr/> Name of Employer Occupation  <hr/> Purpose of Disbursement (Including title(s) of communication(s))				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div> Amount <div style="border: 1px solid black; padding: 2px;"> </div> Communication Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶				<div style="border: 1px solid black; padding: 2px;"> 101500.00 </div>	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px;"> 101500.00 </div>	